

Case Number:	CM15-0120229		
Date Assigned:	06/30/2015	Date of Injury:	05/22/2012
Decision Date:	08/06/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/22/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 33 year old female patient who sustained an industrial injury on 05/22/2012. The accident was described as while working duty as a county sheriff she experienced cumulative trauma to her neck and back over the course of employment. Previous treatments trialed: bed rest, activity modification, ice/heat application, physical therapy session, transcutaneous nerve stimulator unit all without significant relief of symptom. Of note, the last cervical epidural injection provided more than 50% pain relief. Current medications are: Tramadol 50mg and Zanaflex. She was diagnosed with the following: cervical radiculopathy; cervical degenerative disc disease; failed conservative therapies for pain control. The plan of care noted recommending the patient undergo a right cervical epidural injection, continue with home exercise program, physical therapy modalities, and return for follow up. A follow up on 03/12/2015 reported subjective complaint of neck and bilateral trapezial pain associated with headaches. She also was administered a C5-6 epidural injection without improvement. Magnetic resonance imaging scan of cervical spine done on 02/05/2014 showed a right paracentral and lateral recess broad-based protrusion with partial annular tear without cord compression, and at C7-T1 a central protrusion without cord compression. The following diagnoses were applied: chronic intermittent low back pain; chronic cervical pain; cervical radiculopathy and right C5-6 herniated nucleus pulposus.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Right Cervical C5-C6 ESI (epidural steroid injection) under fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

Decision rationale: MTUS recommends repeat epidural injection if a patient reports that prior injection treatment resulted in greater than 50% pain reduction for at least 6-8 weeks, with associated objective functional improvement including medication reduction. In this case the records document subjective but not objective benefit from prior ESI treatment based on this guideline. Thus the request is not medically necessary.